

IC 27-13-20

Chapter 20. Filing Requirements

IC 27-13-20-1

Rates; approval

Sec. 1. The rates to be used by a health maintenance organization, including the actuarial assumptions underlying those rates, must be filed with the commissioner for approval and:

- (1) must be established in accordance with actuarial principles for various categories of enrollees and, in the case of a group contract, shall not be individually determined based on the status of an enrollee's health;
- (2) must be developed by an actuary or other qualified person acceptable to the commissioner; and
- (3) may not be excessive, inadequate, or unfairly discriminatory.

As added by P.L.26-1994, SEC.25.

IC 27-13-20-2

Approval of documents by commissioner

Sec. 2. (a) Except as provided in subsection (b), a document submitted to the commissioner under this chapter is deemed approved when one (1) of the following conditions is met:

- (1) The health maintenance organization receives a written communication of approval from the commissioner.
- (2) Thirty (30) days pass after the commissioner receives the document.

(b) A document is not deemed approved under subsection (a)(2) if, within thirty (30) days after the commissioner receives the document, or within any period of extension granted by the commissioner, the commissioner deposits in the United States mail addressed to the health maintenance organization a written communication to the contrary. Not more than thirty (30) days after receiving the written communication from the commissioner, the health maintenance organization may request a hearing. If, not more than thirty (30) days after receiving the communication from the commissioner, the health maintenance organization requests a hearing, the commissioner shall hold a hearing upon not less than ten (10) days notice to the health maintenance organization.

As added by P.L.26-1994, SEC.25.